

Please note: This form is to be filled in, printed, then FAXed or mailed to your servicing PSD

CERTIFICATE TO CHANGE SITW

(Date)

(Members Name) (SSN)

I REQUEST THAT THE MONTHLY SITW FOR STATE BE ☐ [INCREASED
☐] [DECREASED ☐] (*Please check one*) TO \$.

**I UNDERSTAND THAT THIS FORM DOES NOT ESTABLISH
OR CHANGE MY LEGAL RESIDENCE, THE AMOUNT OF
FEDERAL INCOME TAX WITHHOLDING, NOR THE NUMBER
OF EXEMPTIONS I HAVE CLAIMED.**

(*Members signature*)

